

<b>FAX Transmittal</b>	<b>Kansas Department of Social and Rehabilitation Services</b> <b>Integrated Service Delivery</b> Candy Shively, Deputy Secretary
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**TYPE or PRINT LEGIBLY**

<b>To:</b> Abuse /Neglect/Exploitation Unit	<b>Fax No:</b> 785-296-7796	
<b>Date:</b>		
<b>From:</b>		
<b>SRS Service Center:</b>		
<b>Telephone Number:</b>		
<b>Incident City &amp; County:</b>		
<b>FACTS Case #:</b>		<input type="checkbox"/> Child report only
<p><small>CONFIDENTIALITY NOTICE: The materials enclosed with this facsimile transmission are private and confidential and are the property of the sender. The information contained in the material is privileged and is intended only for the use of the individual(s) or entity(ies) named above. If you are not the intended recipient, be advised that any unauthorized disclosure, copying, distribution, or the taking of any action in reliance on the contents of this telecopied information is strictly prohibited and may subject you to civil or criminal penalties. If you receive this facsimile transmission in error, please immediately notify the sender by telephone to arrange for the return of the forwarded documents.</small></p>		

<b>Was Law Enforcement involved in the investigation?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes (complete below)
<b>Was Law Enforcement forwarded the finding?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes (complete below)
<b>Name of Law Enforcement Officer:</b>	
<b>Law Enforcement Agency:</b>	
<b>Police Report Number:</b> <small>If readily available</small>	
<b>Telephone Number:</b>	
<b>Finding referred to County/District Attorney:</b>	<input type="checkbox"/> NO <input type="checkbox"/> YES (complete below)
<b>Name of County/District Attorney:</b>	
<b>Current CINC or Criminal Case Number(s):</b> <small>If Applicable and readily available</small>	

<b>NUMBER OF PAGES IN THIS FAX:</b>	Cover Sheet plus	pages
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**Adult report attachments**

- ☐ ES-1008
- ☐ ES- 1019, if applicable
- ☐ A summary of finding
- ☐ ES-1000, page 1

**Child report attachments**

- ☐ CFS-2011
- ☐ CFS-2012
- ☐ CFS-1000 page 1

Information contained in the attached Adult Protective Services Intake document (ES-1000) or Face Sheet (CFS-1000) was provided by the individual making the report. The accuracy of the information has not been verified or confirmed by SRS.